



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1333
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 73402		2. Name of Corporation C-N-J Installers, Inc.			
3. Street Address Principal Business Office 109 Higginson Avenue		City Lincoln		State RI	Zip 02865
4. Business Phone No. (401) 334-2202		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO INSTALL OFFICE FURNITURE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher J. DiSpirito			Vice President Name Mary Ann DiSpirito		
Street Address 109 Higginson Avenue			Street Address 109 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Mary Ann DiSpirito			Treasurer Name Mary Ann DiSpirito		
Street Address 109 Higginson Avenue			Street Address 109 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher J. DiSpirito			Director Name		
Street Address 109 Higginson Avenue			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100 Shares	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-3-05
Check No. 4948
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Christopher J. DiSpirito President 2/2/05
Signature of Officer Date

Christopher J. DiSpirito

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 73402		2. Name of Corporation C-N-J Installers, Inc.			
3. Street Address Principal Business Office 109 Higginson Avenue		City Lincoln		State RI	Zip 02865
4. Business Phone No. (401) 334-2202		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO INSTALL OFFICE FURNITURE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher J. DiSpirito			Vice President Name Mary Ann DiSpirito		
Street Address 109 Higginson Avenue			Street Address 109 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Mary Ann DiSpirito			Treasurer Name Mary Ann DiSpirito		
Street Address 109 Higginson Avenue			Street Address 109 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Christopher J. DiSpirito			Director Name		
Street Address 109 Higginson Avenue			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 3 4 0 2 *

FILED

File Date
JAN 22 2004

Check No.

By: Christopher J. DiSpirito

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Christopher J. DiSpirito Pres 1/21/04
Signature of Officer Date
Christopher J. DiSpirito
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

73402

2. Name of Corporation

C-N-J Installers, Inc.

3. Street Address Principal Business Office

109 Higginson Avenue

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

(401) 334-2202

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

Office furniture installation

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Christopher J. DiSpirito

Vice President Name

Mary Ann DiSpirito

Street Address

109 Higginson Avenue

Street Address

109 Higginson Avenue

City State Zip
Lincoln RI 02865

City State Zip
Lincoln RI 02865

Secretary Name

Mary Ann DiSpirito

Treasurer Name

Mary Ann DiSpirito

Street Address

109 Higginson Avenue

Street Address

109 Higginson Avenue

City State Zip
Lincoln RI 02865

City State Zip
Lincoln RI 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Christopher J. DiSpirito

Director Name

Street Address

Street Address

109 Higginson Avenue

City State Zip

City State Zip
Lincoln RI 02865

Director Name

Street Address

Street Address

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

2,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 3 4 0 2 *

File Date: 3-20-03

Check No.: 4841

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Christopher J. DiSpirito Date: 03/19/03

Print or Type Name of Officer: Christopher J. DiSpirito

Title of Officer: President

5



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73402 2. Name of Corporation C-N-J INSTALLERS, INC.
3. Street Address Principal Business Office 63 Centerville Road City Warwick State RI Zip 02886
4. Business Phone No. (401) 732-6167 5. State of Incorporation Rhode Island 6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island OFFICE FURNITURE INSTALLATION

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Christopher J. DiSpirito</u> Street Address <u>27 Sherman Avenue</u> City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>	Vice President Name <u>Maryann DiSpirito</u> Street Address <u>27 Sherman Avenue</u> City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>
Secretary Name <u>John P. DiSpirito</u> Street Address <u>63 Woodbury Street</u> City <u>Pawtucket</u> State <u>RI</u> Zip <u>02861</u>	Treasurer Name <u>Maryann DiSpirito</u> Street Address <u>27 Sherman Avenue</u> City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Christopher J. DiSpirito</u> Street Address <u>27 Sherman Avenue</u> City <u>Lincoln</u> State <u>RI</u> Zip <u>02865</u>	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>2,000</u>	<u>Common</u>	<u>No Par</u>

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par</u>

APR 22 11 58 AM '02
SECRETARY OF STATE
PROVIDENCE, RI

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

APR 26 2002

File Date: APR 26 2002

By: Christopher J. DiSpirito

Check No.: 211039

By: Christopher J. DiSpirito

By: Christopher J. DiSpirito

By: Christopher J. DiSpirito

By: Christopher J. DiSpirito

By: Christopher J. DiSpirito

By: Christopher J. DiSpirito

By: Christopher J. DiSpirito

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Christopher J. DiSpirito 4/08/02

Signature of Officer Date

Christopher J. DiSpirito

Print or Type Name of Officer

President

Title of Officer

5



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73402 2. Name of Corporation C-N-J Installers, Inc.
3. Street Address Principal Business Office 63 Centerville Road City Warwick State RI Zip 02886
4. Business Phone No. (401) 732-6167 5. State of Incorporation Rhode Island 6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island Office Furniture Installation

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Christopher J. Di Spirito Vice President Name Maryann Di Spirito
Street Address 27 Sherman Avenue Street Address 27 Sherman Avenue
City Lincoln State RI Zip 02865 City Lincoln State RI Zip 02865
Secretary Name John P. Di Spirito Treasurer Name Maryann Di Spirito
Street Address 63 Woodbury Street Street Address 27 Sherman Avenue
City Pawtucket State RI Zip 02861 City Lincoln State RI Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Christopher J. Di Spirito Director Name
Street Address 27 Sherman Avenue Street Address
City Lincoln State RI Zip 02865 City
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>2,000</u>	<u>Common</u>	<u>No Par</u>

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: APR 26 2002

Check No.: By 477039

By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Christopher J. Di Spirito Date 4/8/02

Print or Type Name of Officer Christopher J. Di Spirito

Title of Officer President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

73402

C-N-J INSTALLERS, INC.

3. Street Address Principal Business Office

63 Centerville Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

(401) 732-6167

5. State of Incorporation

Rhode Island

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

Office Furniture Installation

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Christopher J. DiSpirito

Street Address

27 Sherman Avenue

City

Lincoln

State

RI

Zip

02865

Secretary Name

John P. DiSpirito

Street Address

63 Woodbury Street

City

Pawtucket

State

RI

Zip

02861

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Christopher J. DiSpirito

Street Address

27 Sherman Avenue

City

Lincoln,

State

RI

Zip

02865

Director Name

Street Address

City

State

Zip

Vice President Name

Maryann DiSpirito

Street Address

27 Sherman Avenue

City

Lincoln

State

RI

Zip

02865

Treasurer Name

Maryann DiSpirito

Street Address

27 Sherman Avenue

City

Lincoln

State

RI

Zip

02865

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2000

COMMON

No Par

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date:

APR 26 2002

Check No.:

BY: 211039

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Christopher J. DiSpirito

Signature of Officer

Date

4/8/02

Christopher J. DiSpirito

Print or Type Name of Officer

President

Title of Officer

5



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 73402		2. Name of Corporation C-N-J Installers, Inc.	
3. Street Address Principal Business Office 63 Centerville Road		City Warwick	State RI
4. Business Phone No. 401-732-6167		Zip 02886	
5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island Office Furniture Installation			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Christopher J. DiSpirito		Vice President Name MaryAnn DiSpirito	
Street Address 27 Rawlinson Drive		Street Address 27 Rawlinson Drive	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name John P. DiSpirito		Treasurer Name MaryAnn DiSpirito	
Street Address 63 Woddbury Street		Street Address 27 Rawlinson Drive	
City Pawtucket	State RI	City Coventry	State RI
Zip 02863		Zip 02816	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Christopher J. DiSpirito		Director Name	
Street Address 27 Rawlinson Drive		Street Address	
City Coventry	State RI	City	State
Zip 02816		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
2,000 SHS COMM NO PAR VAL		100	Common
Par Value		Par Value	
			No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 3 4 0 2 *

File Date: **5-26-99**

Check No.: **1092**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **MaryAnn DiSpirito** Date **5/27/99**

Print or Type Name of Officer **MaryAnn DiSpirito**

Title of Officer **Vice President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 2. Name of Corporation

73402

C-N-J Installers, Inc.

3. Street Address Principal Business Office

63 Centerville Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401-732-6167

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

Office Furniture Installation

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Christopher J. DiSpirito

Vice President Name

MaryAnn DiSpirito

Street Address

27 Rawlinson Drive

Street Address

27 Rawlinson Drive

City

Coventry

State

RI

Zip

02816

City

Coventry

State

RI

Zip

02816

Secretary Name

John P. DiSpirito

Treasurer Name

MaryAnn DiSpirito

Street Address

63 Woodbury Street

Street Address

27 Rawlinson Drive

City

Pawtucket

State

RI

Zip

02861

City

Coventry

State

RI

Zip

02816

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Christopher J. DiSpirito

Director Name

Street Address

27 Rawlinson Drive

Street Address

City

Coventry

State

RI

Zip

02816

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS COMM NO PAR VAL

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 3 4 0 2 *

File Date: **2/20**

Check No.: **2474**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

MaryAnn DiSpirito **2/17/98**
Signature of Officer Date

MaryAnn DiSpirito

Print or Type Name of Officer

Vice President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **73402** 2. Name of Corporation **C-N-J Installers, Inc.**
3. Street Address Principal Business Office
24 Lockhart Avenue City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401)732-6167** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island

Office Furniture Installation
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Christopher J. DiSpirito Street Address 27 Rawlinson Drive City Coventry State RI Zip 02816	Vice President Name MaryAnn DiSpirito Street Address 27 Rawlinson Drive City Coventry State RI Zip 02816
Secretary Name John P. DiSpirito Street Address 63 Woodbury Street City Pawtucket State RI Zip 02860	Treasurer Name Chrisopher J. DiSpirito Street Address 27. Rawlinson Drive City Coventry State RI Zip 02816

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name Christopher J. DiSpirito Street Address 27 Rawlinson Drive City Coventry State RI Zip 02816	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
2,000 SHS COMM NO PAR VAL	100 common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 7 3 4 0 2 *

File Date: **1/27/97**
Check No.: **1791**
By: **GAA** **WHL**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

MaryAnn DiSpirito **1/24/97**
Signature of Officer Date
MaryAnn DiSpirito
Print or Type Name of Officer
Vice President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.		2. NAME OF CORPORATION		
73402		C-N-J Installers, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE
24 Lockhart Avenue		Warwick	RI	02886
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION		6. SIC CODE	
(401)732-6167	RHODE ISLAND		8888	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND				

Office Furniture Installations

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME			VICE PRESIDENT NAME		
Christopher J. DiSpirito			Mary Ann DiSpirito		
STREET ADDRESS			STREET ADDRESS		
27 Rawlinson Drive			27 Rawlinson Drive		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Coventry	RI	02816	Coventry	RI	02816
SECRETARY NAME			TREASURER NAME		
John P. DiSpirito			Jeffrey S. Kiff		
STREET ADDRESS			STREET ADDRESS		
63 Woodbury Street			19 South Glen Drive		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Pawtucket	RI	02860	Coventry	RI	02816

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME					
Christopher J. DiSpirito					
STREET ADDRESS					
27 Rawlinson Drive					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Coventry	RI	02816			
DIRECTOR NAME					
STREET ADDRESS					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000	SHS COMM NO PAR VAL		100	common	

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Mary Ann DiSpirito
Signature of Officer

Mary Ann DiSpirito
Print or Type Name of Officer

Vice President
Title of Officer

1-30-96
Date

File Date: 2/2/96

Check No: 1254

By: *JMZ/UP*
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0073402

Annual Report for the year: 1995

Name of Corporation: C-N-J Installers, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

office furniture installation

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

27 Lockhart Avenue
Warwick, RI 02886

Phone: (401) 732-6167

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Christopher J Di Spirito	27 Rawlinson Dr	Coventry RI	02816
VICE PRESIDENT Mary Ann Di Spirito	27 Rawlinson Dr	Coventry RI	02816
SECRETARY Christopher J. Di Spirito	27 Rawlinson Dr	Coventry RI	02816
TREASURER Mary Ann Di Spirito	27 Rawlinson Dr	Coventry RI	02816

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Christopher J. Di Spirito	27 Rawlinson Dr	Coventry RI	02816
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

2000
Without par

Common

Number of Shares

Class / Series

100
Without par

Common

Date 1-2, 1995

By:

Mary Ann Di Spirito
MARY ANN DI SPIRITO
VICE PRESIDENT

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RICHARD O. LESSARD
9 LOCUST TERRACE
WARREN RI 02885

FILED

JAN 11 1995

By: Jm
765

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0073402 Annual Report for the year: 1994
Name of Business Entity: C-N-J Installers, Inc.

Business entity organized under the laws of the State of: R.I.
Federal Taxpayer Identification Number: [REDACTED]
For foreign entity, address and telephone number of principal office:

Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
27 Rawlinson Drive
Covington, RI 02816
Phone: (401) 821-6030

Business Entity is (check one):
☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
Christopher J. Di Spirito, President
27 Rawlinson Drive
Covington, RI 02816
Brief statement of the character of business conducted in Rhode Island:
Office furniture installation
Date of Organization: 7-28-1993
Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Christopher J. Di Spirito</u>	<u>27 Rawlinson Dr</u>	<u>Covington RI</u>	<u>02816</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Mary Ann Di Spirito</u>	<u>27 Rawlinson Dr</u>	<u>Covington RI</u>	<u>02816</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Christopher J. Di Spirito</u>	<u>27 Rawlinson Dr</u>	<u>Covington RI</u>	<u>02816</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Mary Ann Di Spirito</u>	<u>27 Rawlinson Dr</u>	<u>Covington RI</u>	<u>02816</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Christopher J. Di Spirito</u>	<u>27 Rawlinson Dr</u>	<u>Covington RI</u>	<u>02816</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>2000</u>	NUMBER <u>100</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

Date 3-28, 1994

FILED

MAR 31 1994

Form 31 1/94

By

CA 375 120347

By:

Mary Ann Di Spirito
PRINT OR TYPE NAME OF OFFICER SIGNING
Vice President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

RICHARD O. LESSARD
TWO CHARLES STREET
PROVIDENCE RI 02904
9 Locust Terrace
Warren, RI 02885

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16 11 11 11 11 11

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Corporate ID: 0073402 Annual Report for the year: 1995

Name of Corporation: C-N-J Installers, Inc.

Business entity organized under the laws of the State of: RI Business Entity is (check one):

For foreign entity, address and telephone number of principal office: ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () Brief statement of the character of business conducted in Rhode Island:

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NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series	Number of Shares	Class / Series
<u>2000</u>	<u>Common</u>	<u>100</u>	<u>Common</u>
<u>without par</u>		<u>without par</u>	

Date 1-2, 19 95 By: Mary Ann Di Spirito

Form 31 1/95 PRINT OR TYPE NAME OF OFFICER SIGNING
VICE PRESIDENT
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RICHARD O. LESSARD
9 LOCUST TERRACE
WARREN RI 02885

FILED
JAN 11 1995
By: Jm
765